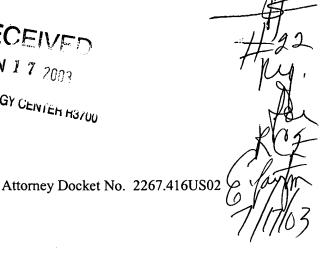




JUN 1 7 2003 TECHNOLOGY CENTER HS/00



Customer No. 24113 Patterson, Thuente, Skaar & Christensen, P.A. 4800 IDS Center 80 South 8th Street

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Minneapolis, Minnesota 55402-2100

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

· Sir:

1.

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 09/523,745, filed March 13, 2000 for: WAFER CONTAINER WITH MINIMAL CONTACT, by: David L. Nyseth.

		quired under 37 C.F.R. § 1.114					
a.	[]	Previously submitted					
		Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on in said prior application.					
		[] Consider the arguments in the Appeal Brief or reply Brief previously filed on					
		[] Other					
b.	[X]	Enclosed					
		[] A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.					
		[] Affidavit(s)/Declaration(s)					
		[X] Information Disclosure Statement (IDS)					
		Other					
		[] Affidavit(s)/Declaration(s) [X] Information Disclosure Statement (IDS)					

06/13/2003 MAHMED1 00000080 09523745

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750.00 OP

Match & Return

2. [X] The filing fee is calculated below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	17	- [20]	= 0	x 9	\$		x 18	\$
Indep.	2	- [4]	= 0	x 42	\$		x 84	\$
RCE fee				+ 375	S		+ 750	\$
Mult. Dep.			=	+ 140	\$		+ 280	\$
TOTAL					\$	OR	TOTAL	\$750.00

- [] First Presentation of Multiple Dependent Claim [MDC]
- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.
- 3. [X] A check in the amount of \$750.00 is enclosed (The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 16-0631.

Respectfully submitted,

Douglas J. Christensen Registration No. 35,480

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

June 9, 2007

Date of Deposit

Douglas I. Christenser